St Anne's Catholic Primary School

Allergy and Anaphlaxis Policy

This policy is designed to be incorporated into/annexed to the schools wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance.

Adopted by Headteacher	Aut 26
Last Review	-
Next Review	Aut 27

This policy reflects current Department for Education expectations for supporting pupils with medical conditions, strengthened allergy and anaphylaxis guidance, Food Standards Agency allergen requirements and best practice from Anaphylaxis UK.

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how St. Anne's Catholic Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform school staff/ School Nurse/SENCO/Senior Leaders of any allergies. This information should include all previous serious allergic

reactions, history of anaphylaxis and details of all prescribed medication.
Parents must provide up-to-date Allergy Action Plans, Individual Healthcare Plans (where appropriate), two in-date prescribed AAIs, replacement medication and notify school of changes. e.g. School nurse/GP/allergy specialist.

- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- Headteacher and Governors will ensure the policy is implemented, reviewed annually, sufficient resources are available, staff receive training and incidents are monitored.

- Staff, volunteers, supply staff, sports coaches, contractors and catering staff must be aware of relevant allergies, know emergency procedures and complete annual training.
  - Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
  - School will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication and a copy in the main medical room.
  - It is the parent's responsibility to ensure all medication in in date however the School/First Aid team will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
  - School – Senior Leaders keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils should avoid sharing food, report symptoms immediately and, where appropriate, carry their own medication.
  - Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
  - Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their

person at all times.

Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

Allergy Register

The school will maintain a live allergy register, reviewed at least termly and whenever medical information changes. Relevant staff, kitchen staff, breakfast and after-school clubs and educational visit leaders will have access to relevant information.

Prevention

- No sharing of food, drinks, cutlery or bottles.
- Handwashing before and after eating.
- Food-based activities and celebrations risk assessed.
- Non-food rewards encouraged.
- Cleaning procedures minimise cross-contamination.
- Individual risk assessments completed for pupils and educational visits.

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can

include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Emergency Procedures

At the first signs of suspected anaphylaxis:

• Administer adrenaline immediately without delay.
• Call 999 stating 'Anaphylaxis'.
• Record time medication given.
• Give second AAI after 5 minutes if required.
• Keep pupil lying flat unless breathing difficulties require brief sitting support.
• Inform parents immediately.
• Every pupil must attend hospital following anaphylaxis.

Following every incident, the school will review procedures and update risk assessments.

Supply, storage and care of medication

Depending on their level of understanding, age and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them

at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse/SENCO/First Aider *(delete or substitute as appropriate)* will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority *(delete as appropriate).* The sharps bin is kept in the medical room.

<u>'Spare' adrenaline auto-injectors in school</u>

St. Anne's Catholic Primary School have purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available

or not working (e.g. because they are out of date).
These are stored in the medical room (in the junior building- SLT corridor) in a clearly labelled first aid box- wall mounted for ease of access. It is not locked away and **accessible and known to all staff.**

Staff Training

All staff will complete annual allergy and anaphylaxis training before working with pupils. New staff will receive induction before supervising pupils. Practical auto-injector training will be refreshed annually and emergency drills undertaken periodically.

Inclusion and safeguarding

St. Anne's Catholic Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Catering

The catering team will maintain allergen information, prevent cross-contamination, identify pupils with allergies and liaise with parents. Parents are encouraged to discuss dietary needs directly with the catering manager All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in half termly advance with all ingredients listed and allergens highlighted on the school website at www.stannescatholicprimary.com

SLT/Office staff will inform the chef of pupils with food allergies.

The school adheres to the following Department of Health guidance recommendations and has a Packed Lunch policy in place:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.

- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats). Any items sent into school will be reviewed and checked with parents, any treats for parties to be sent home at the end of the school day for parental approval outside of school time.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Educational Visits

- All visits will include allergy risk assessments. Emergency medication, action plans and trained staff will accompany pupils at all times.

Allergy Awareness

Age-appropriate education will help pupils understand allergies, respect others, avoid food sharing and know how to seek adult help.

St. Anne's Catholic Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template

Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/

- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Resources for managing allergies at school - https://www.allergyuk.org/living-with- an-allergy/at-school/

The policy will be reviewed annually or sooner following changes in legislation or after any significant allergy incident.